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PLEASE
PRINT
PLAINLY

Collaborator if any

Artist

JAMES LEPORE

Address

4781 Greover Dr. Youngstown Mahoning

NO.

STREET

CITY

COUNTY

Shipping Address

4781 Grover Dr. V.O. Tel. 512-1641
ST 27647

(IF SHIPMENT IS REQUIRED)

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank.

NUMBER FOR
SALE

NUMBER IN
EDITION
(Graphic Prts.)

PRICE

TITLE

MEDIUM

CLASS

DO NOT WRITE IN
THESE COLUMNS[illegible]

SUBMIT ENTRY BLANK NO LATER THAN MARCH 19, 1962.

Use second blank if required

Permission to print prices on labels granted unless declined here.

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1962.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

James Lepore
SIGNATURE